



# AL-IMDAAD FOUNDATION

## DEBIT ORDER FORM

Name

Surname

Address

Code

Telephone

Bank Name

Cell

Branch Name

Fax

Branch Code

Email

Account Type

ID Number

Account Number

Zakaat

Lillah

Sadaqah

Admin Costs

Other

R

R

R

R

R

Total Debit Amount: R

Please debit my/our account with the amount of R \_\_\_\_\_,00

(in words) \_\_\_\_\_  
on the 15/nm/20yy (date) and thereafter on the 15th day of each month until cancelled by me in writing for  
payment to: AL-IMDAAD FOUNDATION

I/We hereby request, 'instruct' and authorise you to draw against my/our account with the  
abovementioned bank stipulated amount. I/We understand that all such withdrawals from my/our bank  
account by you shall be treated as though they had been signed by me/us personally.

I/We understand that the withdrawals hereby authorise will be processed by computer through a system  
known as the ACB Magnet Tape Service and I/we also understand that details of each withdrawal will be  
printed on my bank statement or on accompanying voucher. This authority may be cancelled by me/us by  
giving you thirty days notice in writing. I/We shall not be entitled to any amounts, which you have  
withdrawn in term of the above transaction while authority was in force.

\_\_\_\_\_  
Signature/s as per bank specimen

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

Help us respond to any disaster within 24 hours. Kindly assist us by contributing on a monthly basis  
by faxing to 036 3524114 & posting the original of this document to:  
The Finance Department, Al Imdaad Foundation, P.O.Box 481, Estcourt, 3310.